

-62-037635

STATE FILE NUMBER

AMENDED

Registration District No. _____

38

38 Primary Registration District No. 3006

Registrar's No.

613

FILED OCT 29 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**USE BLACK INK
OR**

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Rich Hill	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hospital		d. STREET ADDRESS (If outside, give location) 503 East Dedar	
3. NAME OF DECEASED (Type or print) First Middle Last Richard Sylvester Dunnahay		4. DATE OF DEATH Month Day Year October 25 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-25-05
9. AGE (last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Laborer	
11. BIRTHPLACE (City and state or country) Miller Co., Missouri		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME Alfred Dunnahay		13b. MOTHER'S MAIDEN NAME Frances Witt	
14. NAME OF HUSBAND OR WIFE Nellie Dunnahay		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Hospital Records		17. ADDRESS Columbia, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple myeloma Conditions, if any, which gave rise to above cause (e), stating the underlying cause last: DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-17-62 to 10-25-62 and last saw her/him alive on 10-25-62 Death occurred at 5:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert J. L. Long M.D.		22b. ADDRESS Ellis Fischel Hospital	
22c. DATE SIGNED 10-25-62		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 10/26/62		23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEM.	
23d. LOCATION (City, town, or county) Rich Hill Missouri		23e. DATE RECD. BY LOCAL REG. Oct 26 1962	
23f. REGISTRAR'S SIGNATURE Mrs R E Palmer		23g. FUNERAL DIRECTOR PARKER'S FUNERAL SERVICE Missouri	

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George A. Kirby

Licensed Embalmer No. 4952

P. O. Address

Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.